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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 10/18/04 ATTORNEY DOCKET NUMBER: KCC 4788
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: Examiner Elizabeth M. Cole
THIS FACSIMILE IS BEING SENT BY: Laura Hilmert / T. Spencer
NUMBER OF PAGES: 3 INCLUDING COVER SHEETTIME SENT: 3³⁰ pm OPERATOR'S NAME _____

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
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Typed or printed name of person signing certificationTina Spencer 10/18/04
Signature DateType of paper transmitted: Notice of Appeal / Fee TransmittalApplicant's Name: David W. Koenig, et al.Serial No. (Control No.): 10/029,322 Examiner: ColeFiling Date: December 20, 2001 Art Unit: 1771Application Title: PRODUCTS FOR CONTROLLING MICROBIAL GENERATED
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KCC 4788 (K-C 15,397)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of David W. Koenig, et al. Art Unit 1771
Serial No. 10/029,322
Filed December 20, 2001
Confirmation No. 6145
For PRODUCTS FOR CONTROLLING MICROBIAL GENERATED ODORS
Examiner Elizabeth M. Cole

October 18, 2004

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

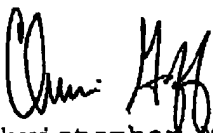
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VIRGINIA 22313-1450

SIR:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated August 5, 2004, rejecting the following claims: 1-6, 9-17, 20-23, 26-28, 31-35, and 38.

The Commissioner is hereby authorized to charge Deposit Account No. 19-1345 the appeal fee of \$340.00. If there are any additional charges in this matter, please also charge Deposit Account No. 19-1345.

Respectfully Submitted,



Christopher M. Goff, Reg. No. 41,785
Senniger Powers
One Metropolitan Square, 16th Floor
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314-231-5400

CMG/LJH/cms

FEE TRANSMITTAL

Application Number 10/029,322
Filing Date December 20, 2001
Confirmation No. 6145
Inventor(s) David W. Koenig, et al.
Group Art Unit 1771
Examiner Name Cole
Attorney Docket Number KCC 4788 (K-C No. 15,397)

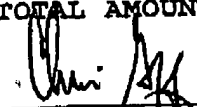
METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345.
- ☒ The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17 to Deposit Account No. 19-1345.
- ☐ Applicant claims small entity status.
2. ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING FEE Subtotal (1) \$ _____
(Type: _____)
2. ☐ EXTRA CLAIM FEES Subtotal (2) \$ _____
Total Claims _____
Independent Claims _____
Multiple Dependent Claims _____
3. ☒ ADDITIONAL FEES Subtotal (3) \$ 340.00
- ☐ Surcharge - late filing fee or oath
☐ Surcharge - late provisional filing fee or cover sheet
☐ Extension for reply within _____ month
☒ Notice of Appeal
☐ Filing a Brief in Support of an appeal
☐ Request for ex parte Reexamination
☐ Petitions to the Commissioner
☐ Submission of Information Disclosure Statement
☐ Recording each patent assignment per property
☐ Request for Continued Examination
☐ Other: _____

TOTAL AMOUNT OF PAYMENT \$ 340.00


Christopher M. Goff, Reg. No. 41,785

10/18/04
Date

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